

Health Disparities: Overview

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Goals of this panel

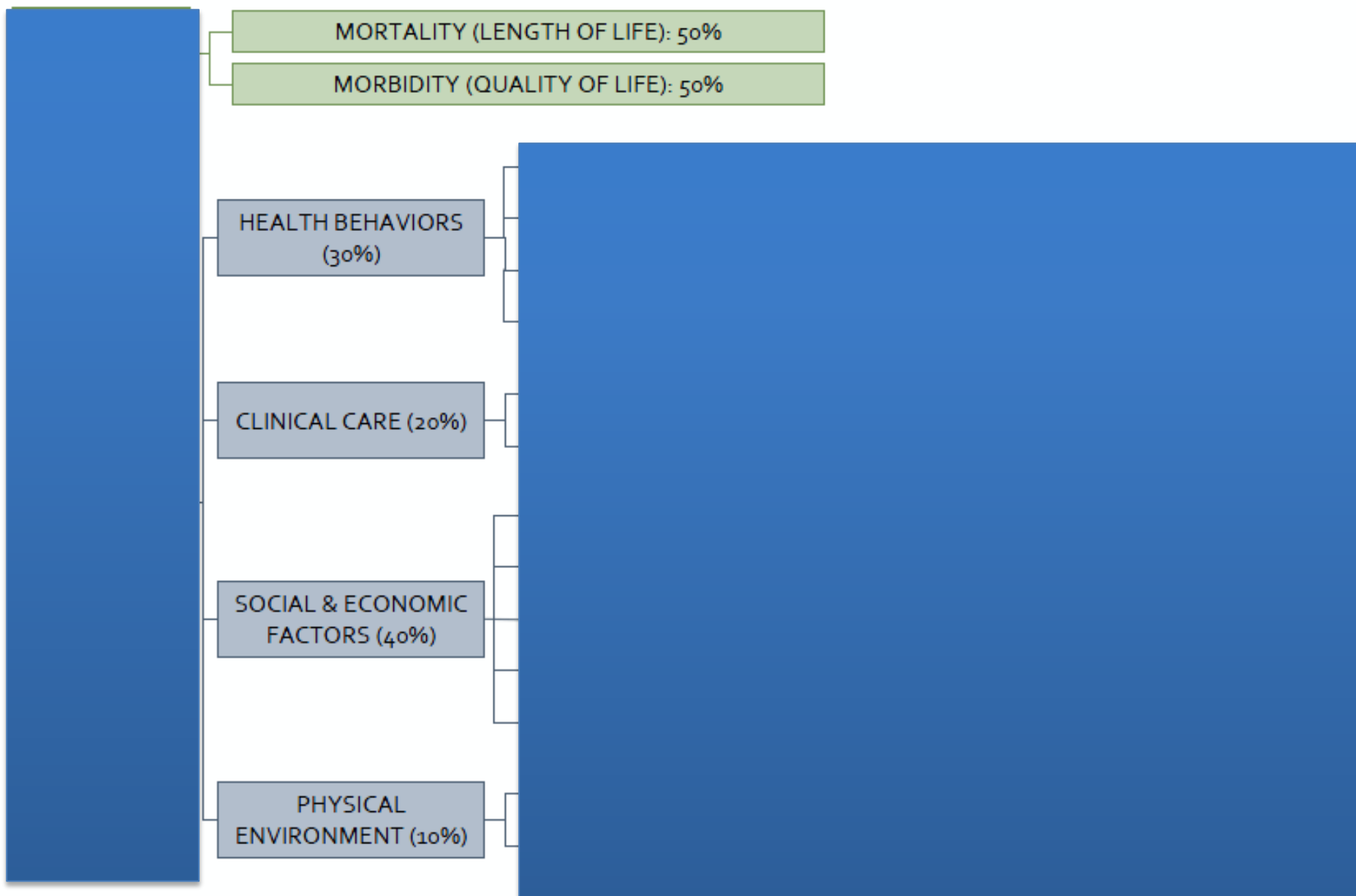
- To understand what health disparities are
- To provide some evidence of disparities
- To consider the role of social determinants of health in those disparities
- To consider how tobacco affects disparate populations
- To consider some possible solutions

Disclaimer/acknowledgement

People of all income levels have bad health outcomes, and we all die.

- But how we live
- How we die and
- The pace of death

are different based on our social standings



Health Equity

Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

National Partnership for Action to End Health Disparities

<http://minorityhealth.hhs.gov/npa/>

Health Disparities

“A health disparity/inequality is a particular type of difference in health or in the most important influences on health that could potentially be shaped by policies; it is a difference in which disadvantaged social groups (such as the poor, racial/ethnic minorities, women, or other groups that have persistently experienced social disadvantage or discrimination) systematically experience worse health or greater health risks than more advantaged groups.”

Braveman P. “Health Disparities and Health Equity: Concepts and Measurement.” *Annual Review of Public Health*, 27: 167 –194, 2006.

Societal Determinants of Health

- “Conditions in the social, physical, and economic environment in which people are born, live, work, and age. They consist of policies, programs, and institutions and other aspects of the social structure, including the government and private sectors, as well as community factors.”

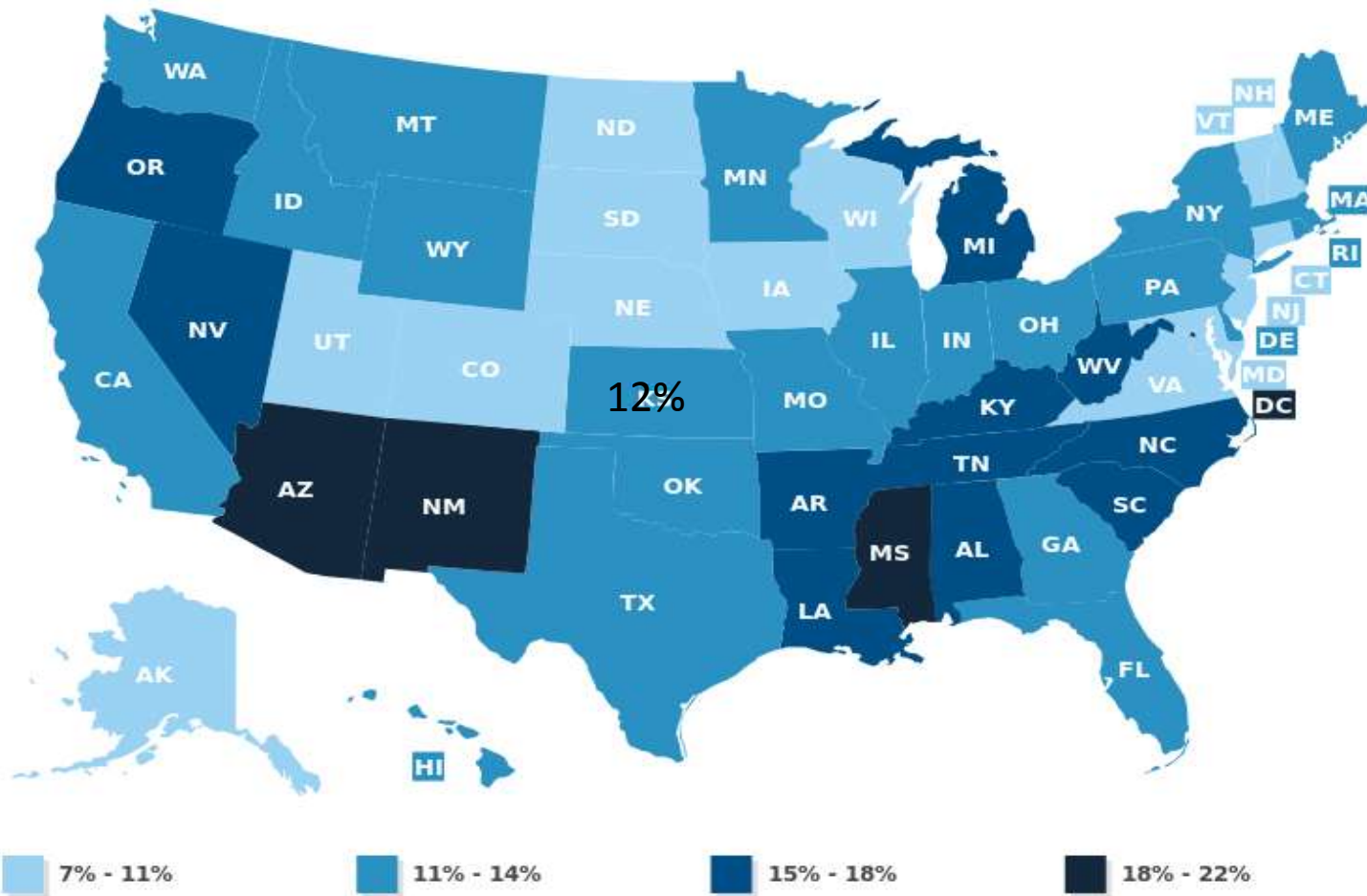


Healthy People 2020: Opportunities to address social determinants of health in the US. Objectives for 2020, July 11, 2010.

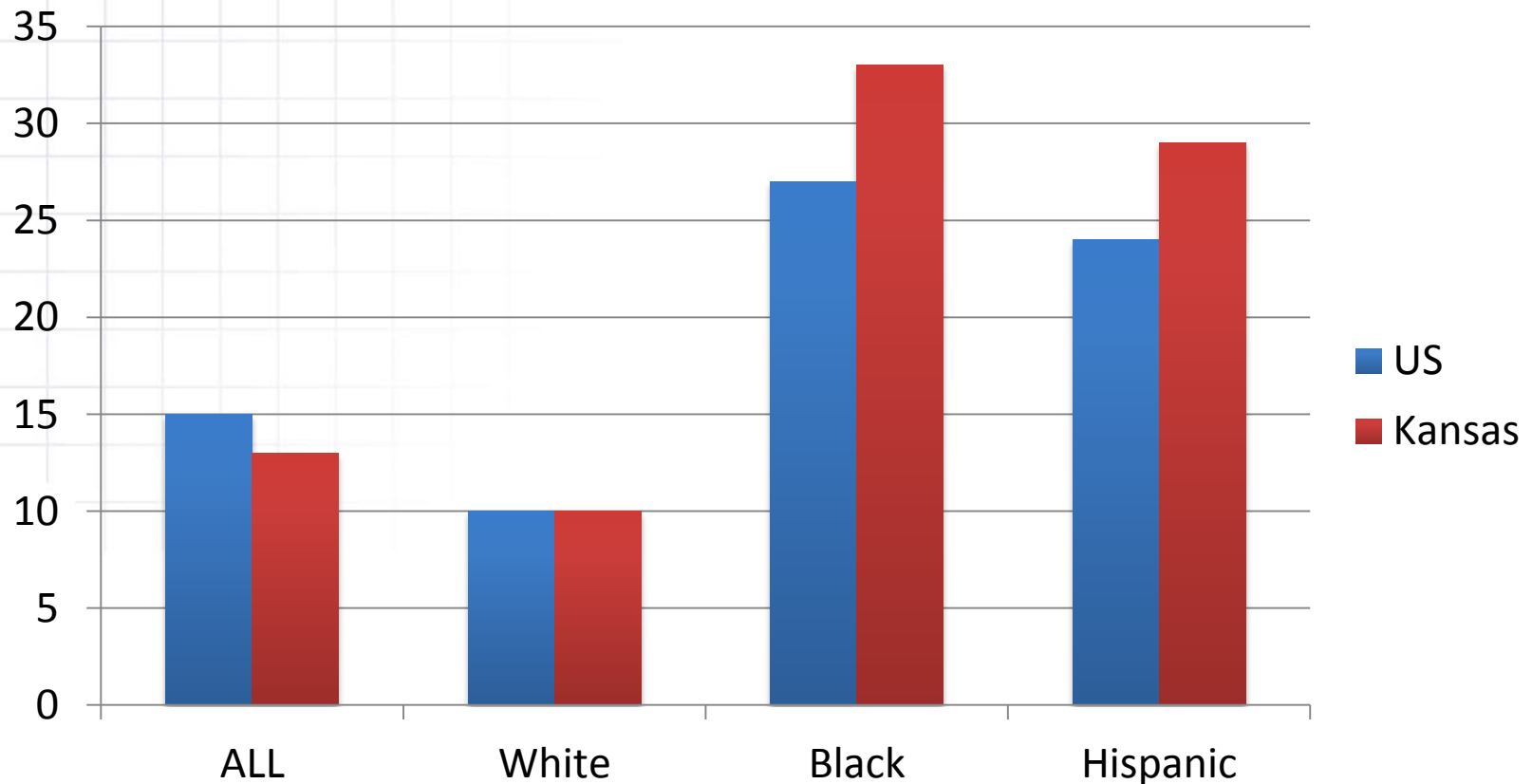
2015 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890
For families/households with more than 8 persons, add \$4,160 for each additional person.	

Poverty Rate 19-64 yr olds, US, 2013

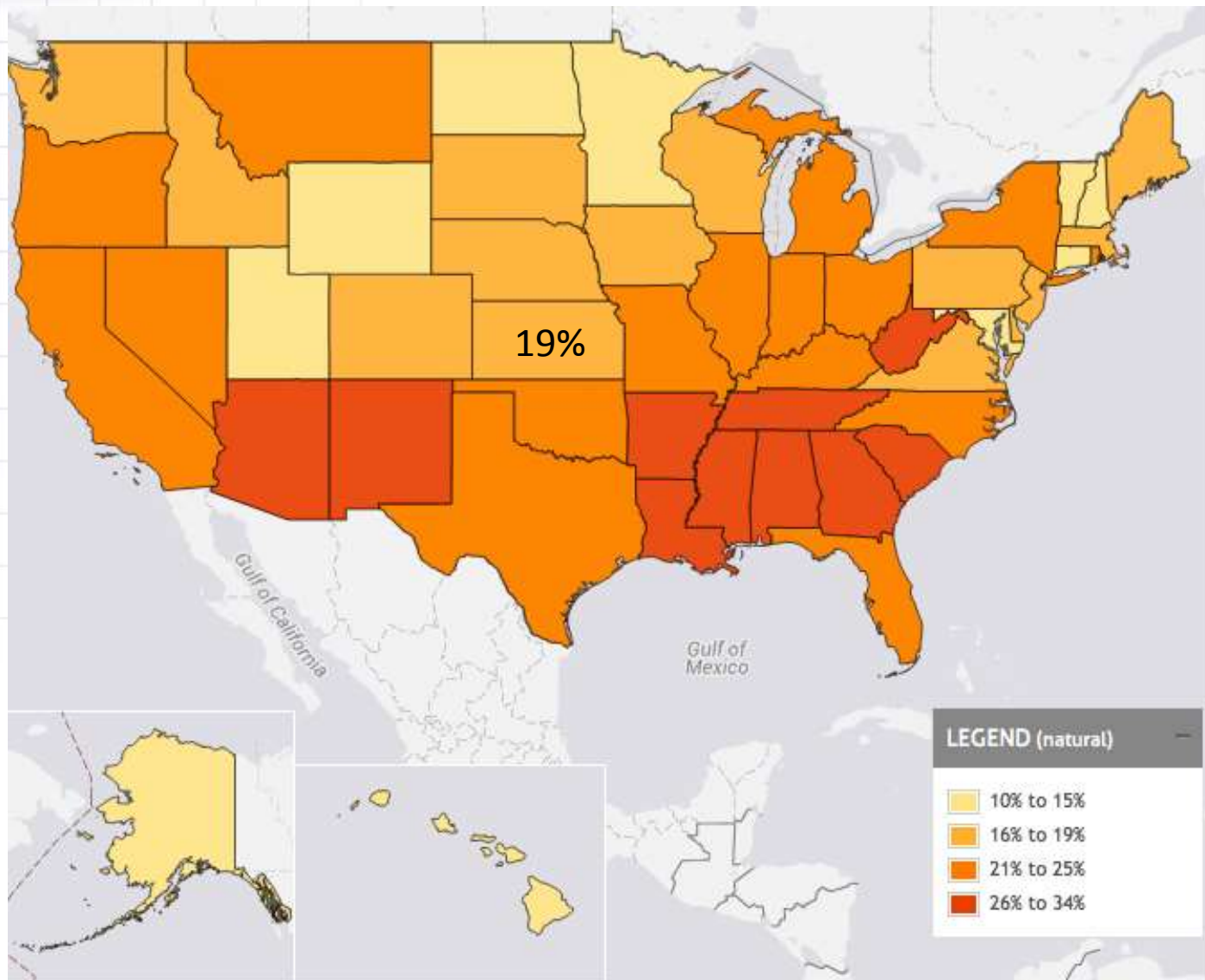


Poverty Rates by Race/Ethnicity

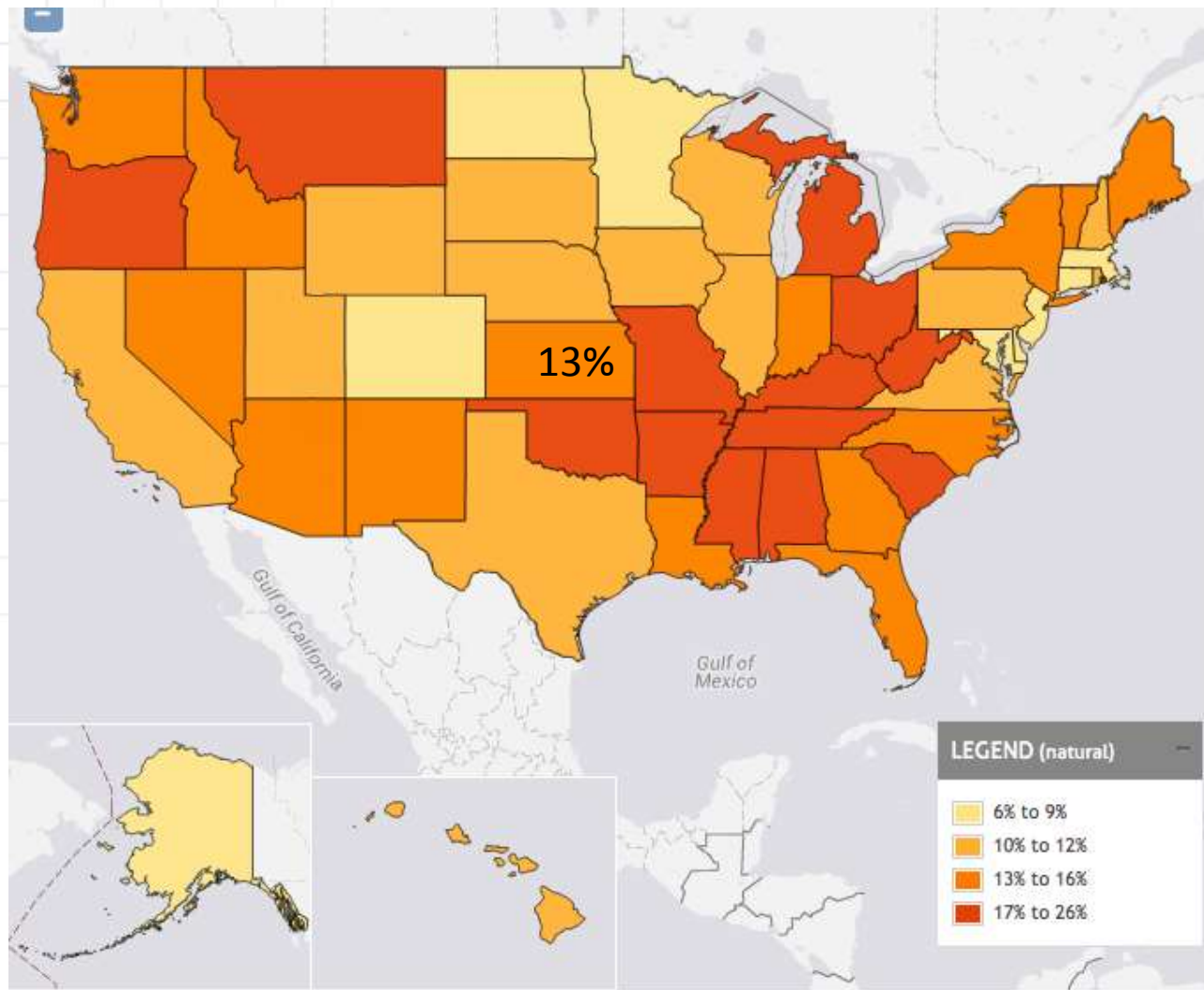


<http://kff.org/other/state-indicator/poverty-rate-by-raceethnicity/#map>

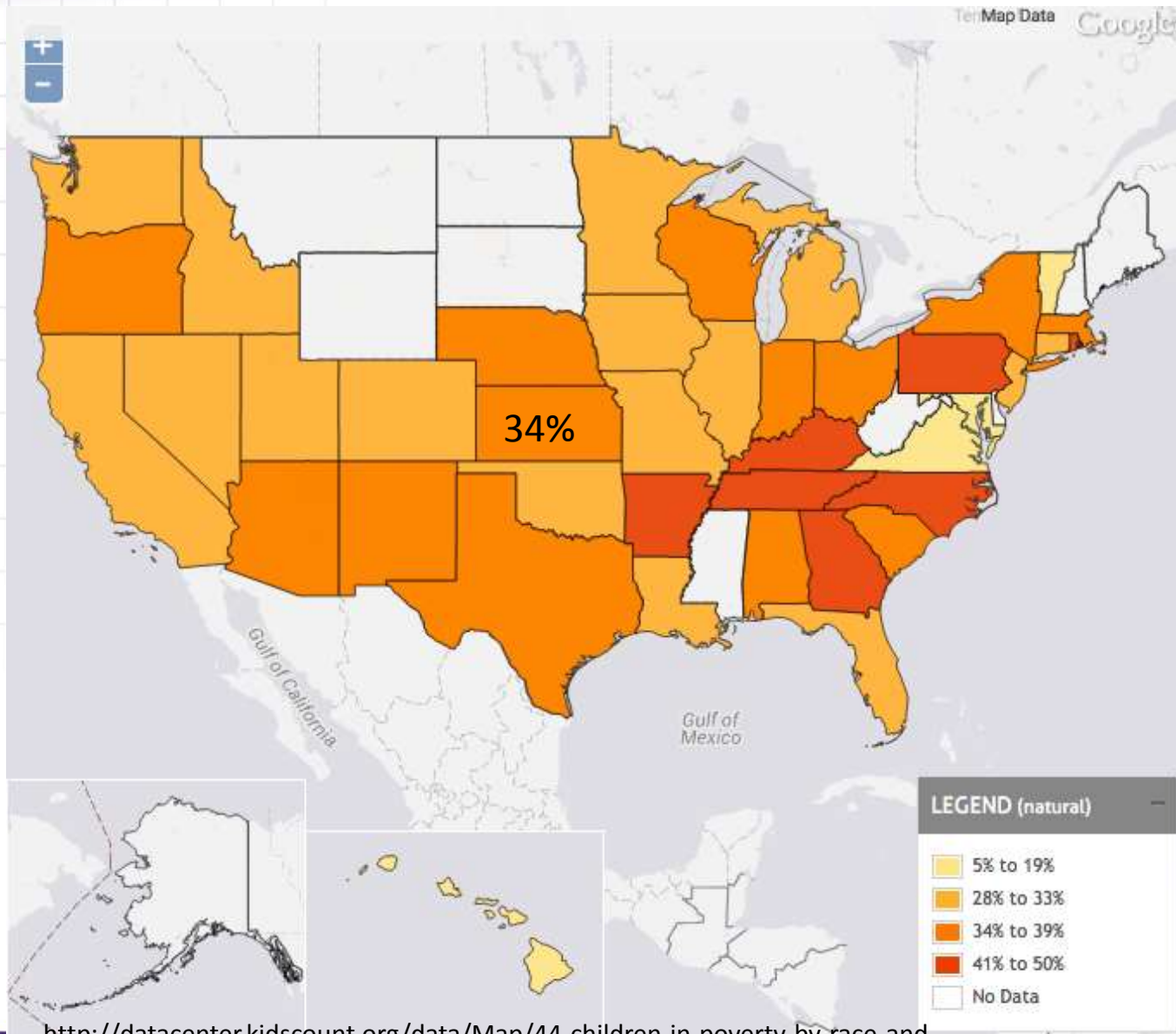
US Child Poverty Rates 2013 All Races



US Child Poverty Rates 2013 non-Hispanic White

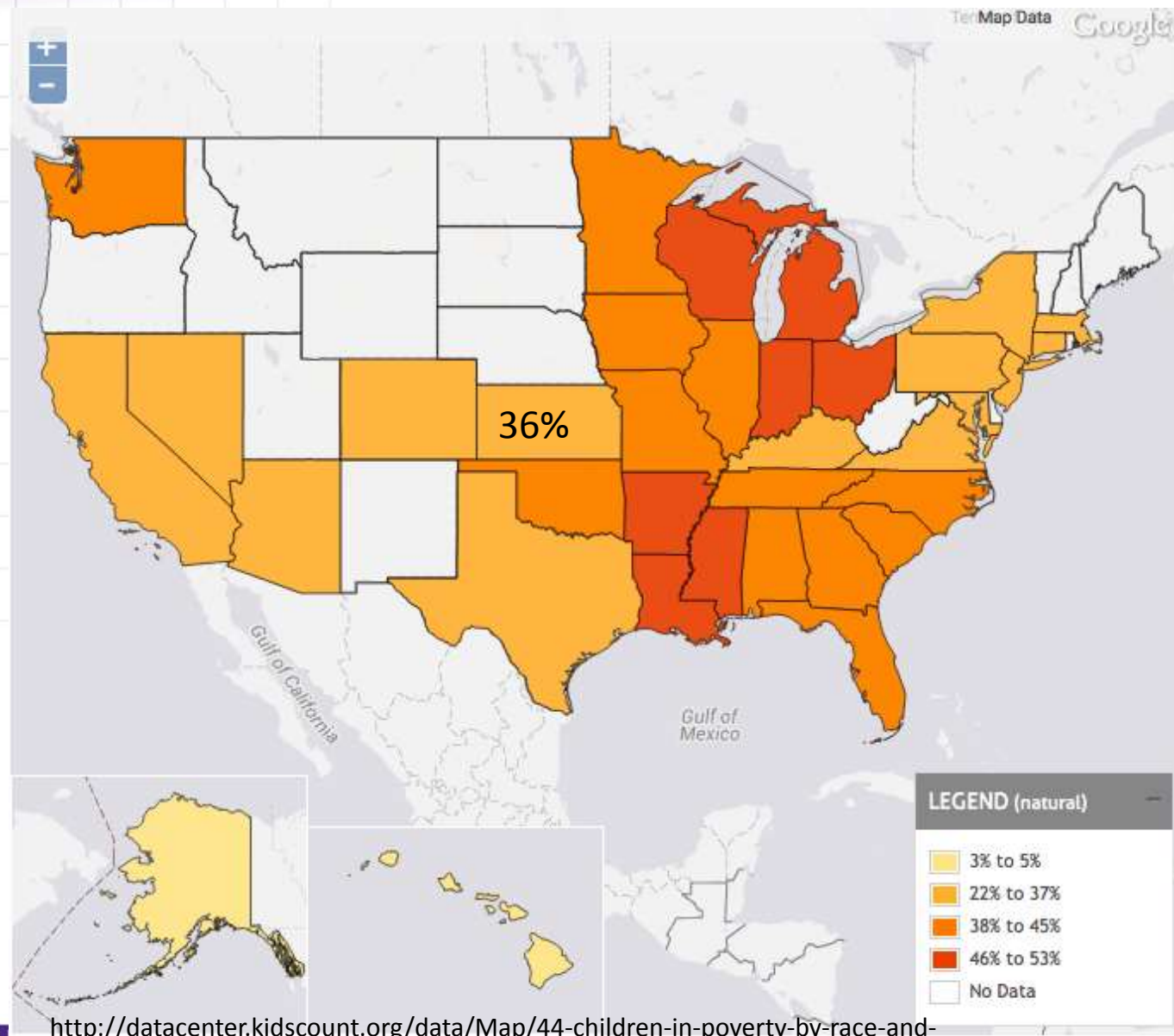


US Child Poverty Rates 2013, Latino, Hispanic



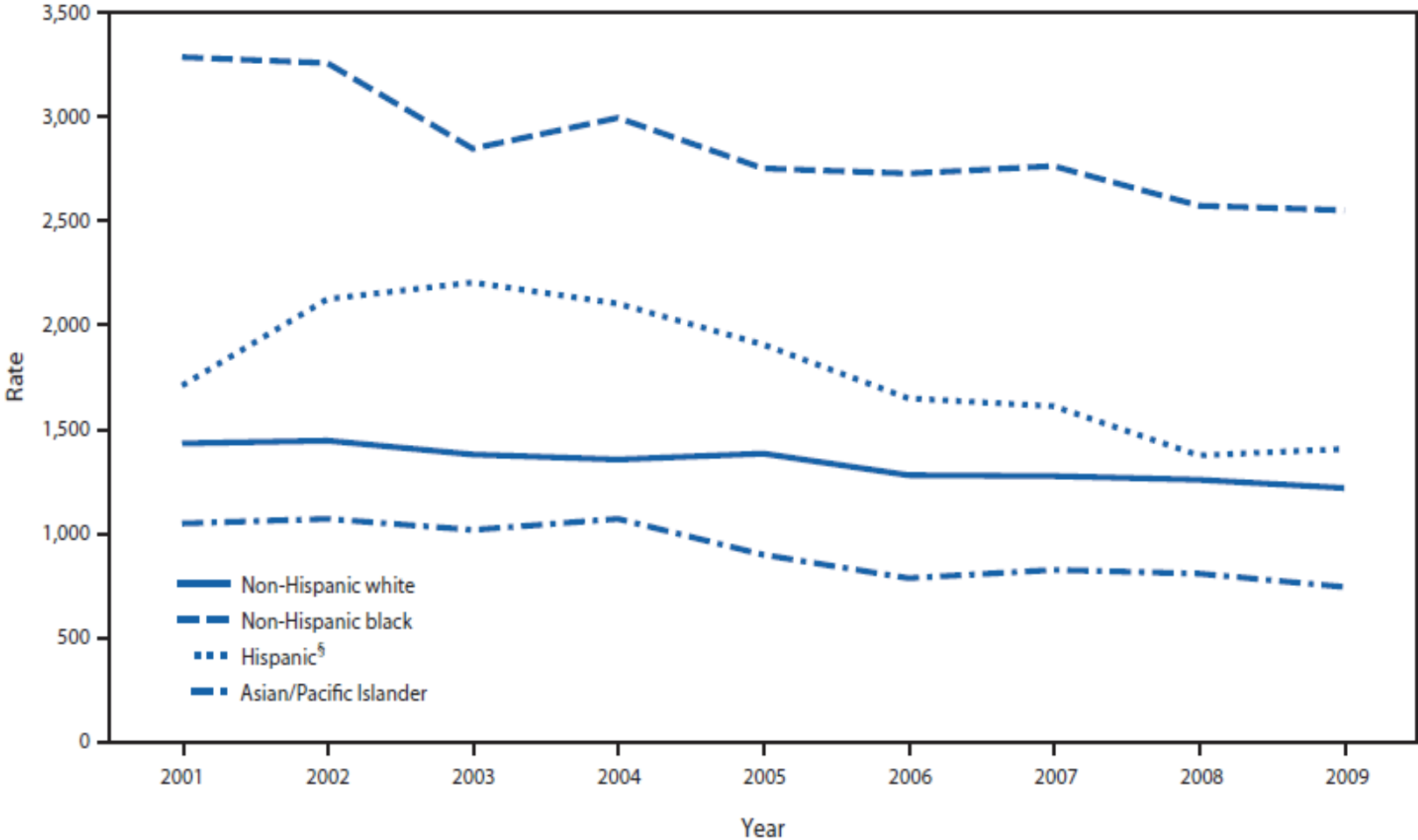
<http://datacenter.kidscount.org/data/Map/44-children-in-poverty-by-race-and-ethnicity?loc=1&loct=2#2/any/false/36/1/323/Orange/>

US Child Poverty Rates 2013, Black, African American



<http://datacenter.kidscount.org/data/Map/44-children-in-poverty-by-race-and-ethnicity?loc=1&loct=2#2/any/false/36/1/323/Orange/>

FIGURE 3. Rate* of potentially preventable hospitalizations[†] among adults aged ≥18 years, by race/ethnicity — United States, 2001–2009

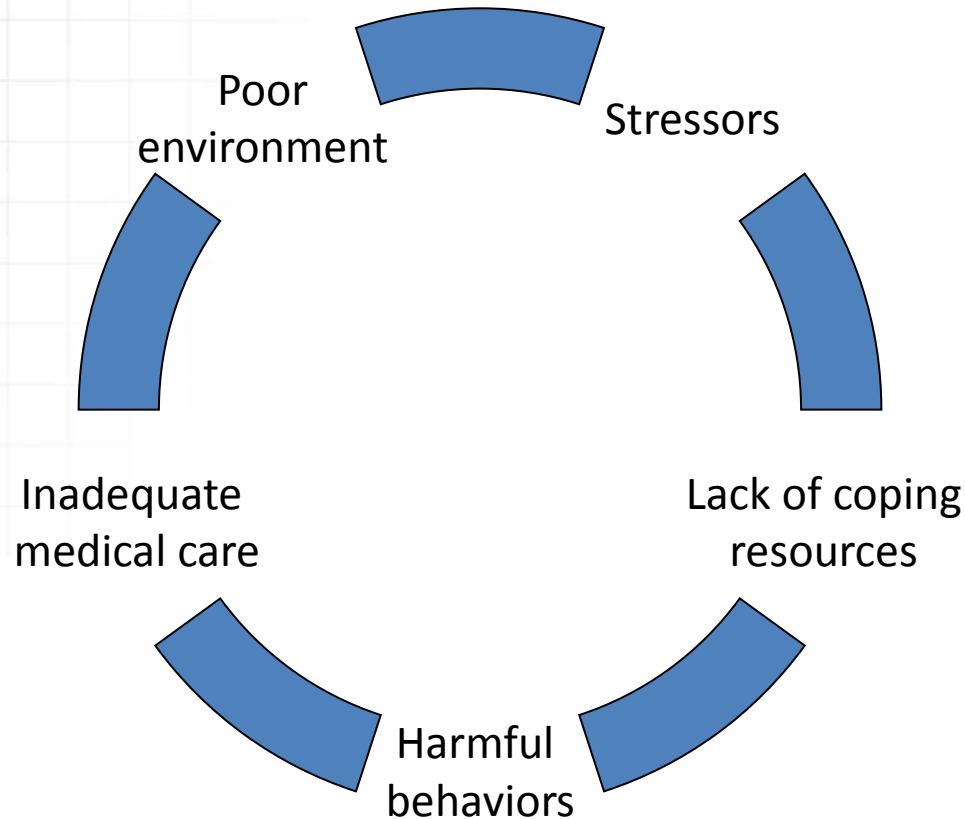


Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases disparities analytic file, 2001–2009.

How do disparities arise?

- Differences in the quality of care received
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that results in differences in underlying health statuses.

Cycle of Poverty



Dutton, D. B (1986). Social class, health and illness. In L. Aiken & D. Mechanic (Eds.) Applications of social science to clinical medicine and health policy (pp 31-62). New Brunswick, NJ: Rutgers U Press.



Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Unsafe even in daylight



Safe neighborhoods, safe schools, safe walking routes



Exposure to toxic air, hazardous waste



Clean air and environment



No parks/areas for physical activity



Well-equipped parks and open/spaces/organized community recreation



Limited affordable housing is run-down; linked to crime ridden neighborhoods



High-quality mixed income housing, both owned and rental



Convenience/liquor stores, cigarettes and liquor billboards, no grocery store



RWJ_top_2



Well-stocked grocery stores offering nutritious foods



Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Streets and sidewalks in disrepair



Burned-out homes, littered streets



No culturally sensitive community centers, social services or opportunities to engage with neighbors in community life



No local health care services



Lack of public transportation, walking or biking paths



Clean streets that are easy to navigate



Well-kept homes and tree-lined streets



Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life

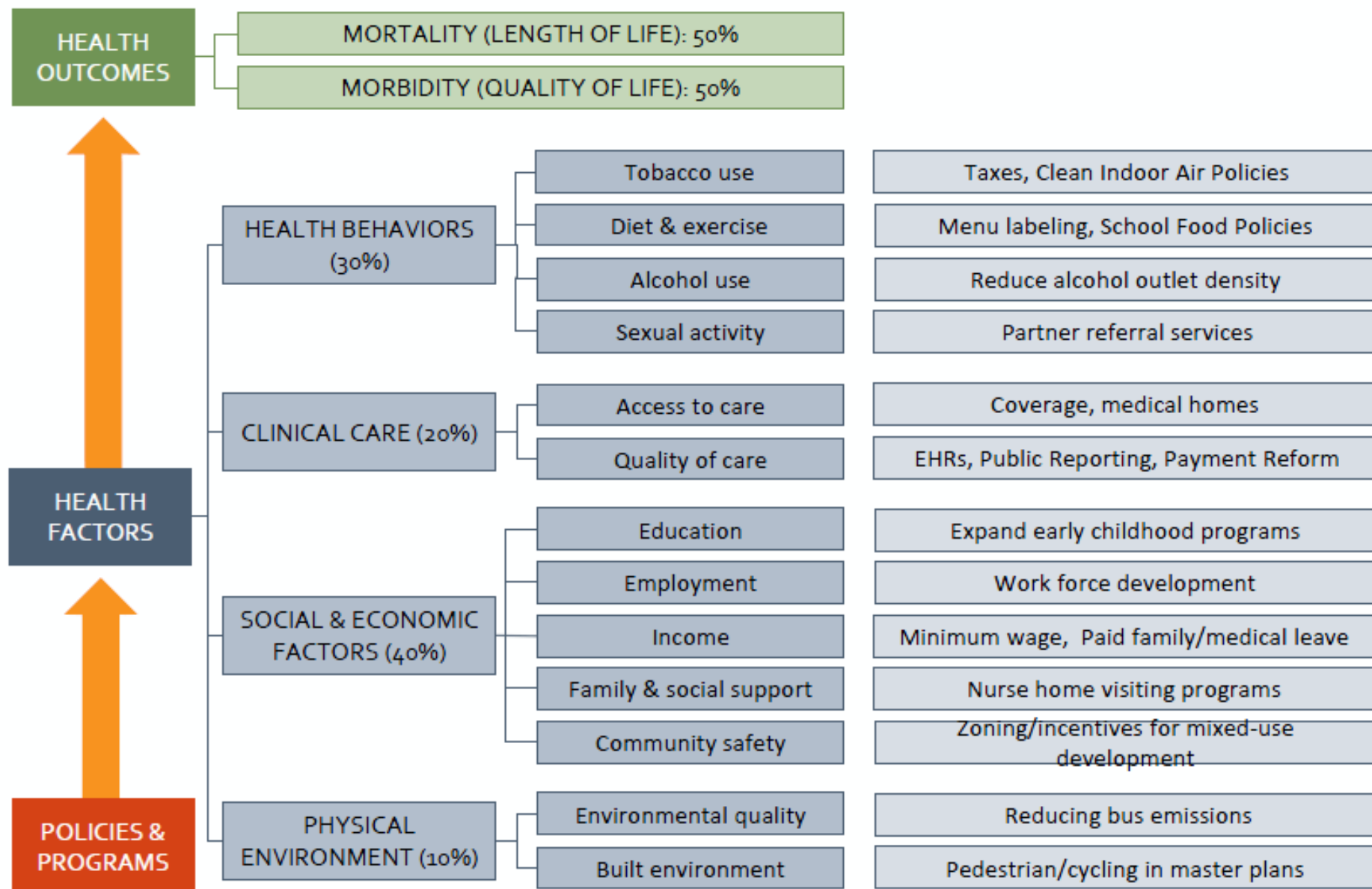


Primary care through physicians' offices or health center; school-based health



Accessible, safe public transportation, walking and bike paths

RWJ_top_2



Reducing inequality: Addressing underlying determinants of health disparities

- Improve living standards for poor people
- Increase access to employment opportunities
- Increase education and training that provide basic skills for the unskilled, and better job ladders for the least skilled
- Invest in improved educational quality in the early years and reduce educational failure

Reducing inequalities: Addressing underlying determinants of health disparities: cont' d.

- Improve conditions of work, redesign workplaces to reduce injuries and job stress
- Enrich the quality of neighborhood environments and increase economic development in poor areas
- Improve housing quality and the safety of neighborhood environments

Wilson, D. 2006.

